5569B

P# 28798

CS 3973

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☐ N/A ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 199-353-30
STREET ADDRESS: 13242 Clay Sparrow Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Sanctuary
LOT #: 45 LOT SIZE (acres):
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1,814
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: Ø

6. **WATER SUPPLY:** ☒ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**

NAME: Stephanie Rauch
ADDRESS: 13242 Clay Sparrow Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-588-8866
WORK PHONE: same
MOBILE PHONE: same
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Kingswood Custom Homes
ADDRESS: 106 Oakley Ave, # 100
CITY: Pineville
STATE: ZIP: 28134
HOME PHONE:
WORK PHONE: 704-889-1600
MOBILE PHONE:
FAX: 889-5015

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08

NOV-11-2008 09:54 MECKLENBURG CO GWS 704 336 6894 P.02/04

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the Information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Property Owner's or Owner's Legal Representative Signature

11/11/08
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 200 chk 14378 DATE FEE RECEIVED: 11/11/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: SC

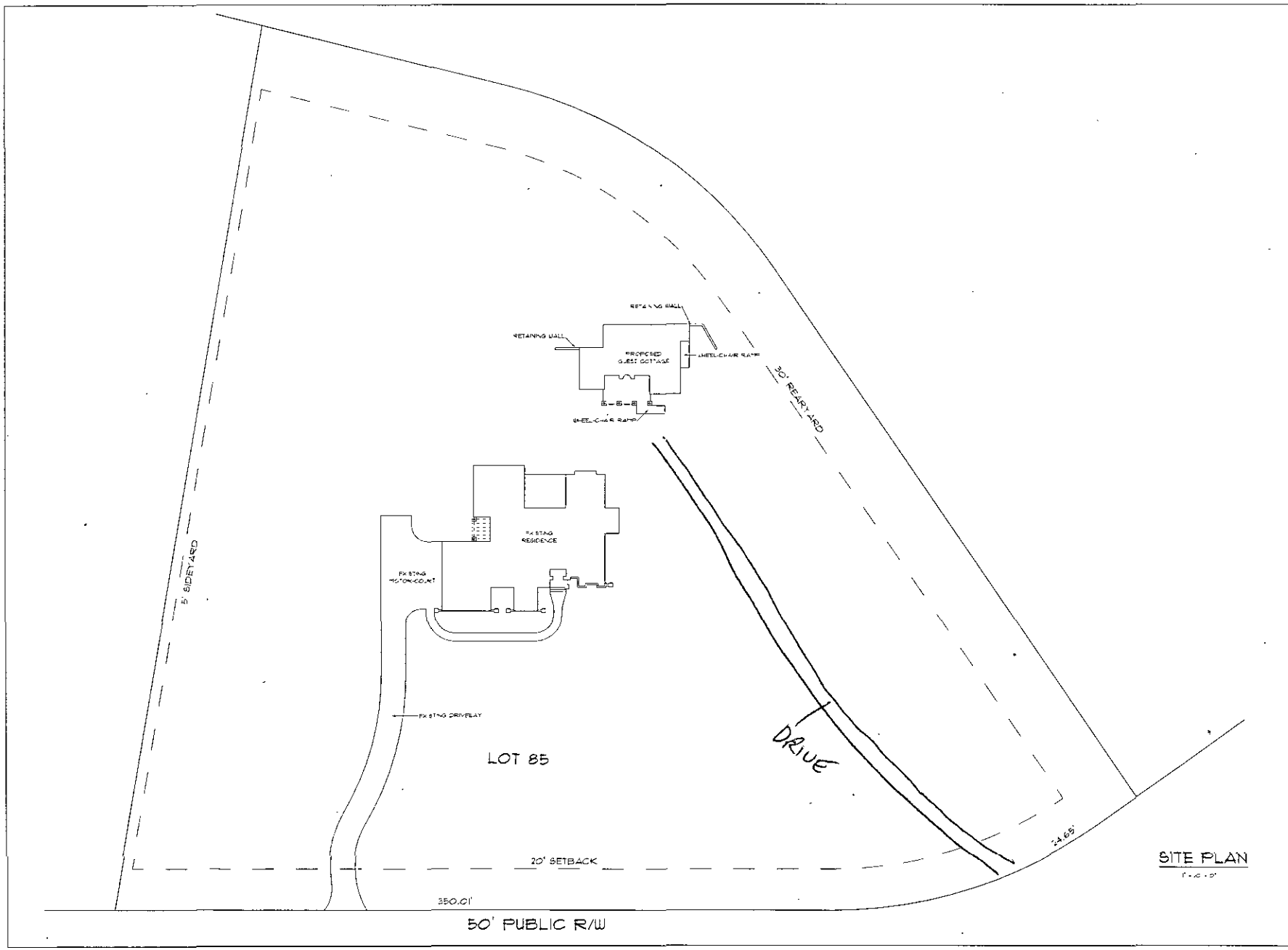
GWS FILE NUMBER ASSIGNED: 55698

APPLICATION ID NUMBER ASSIGNED: 3973

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08



SITE PLAN

DRAWN BY:

ENGINEERED BY:

ELITE DESIGN GROUP
8033 Corporate Center Dr.
Suite 400 Charlotte, NC 28226
tel: 704-544-2771
fax. 704-544-2773

DESIGNED BY
J.J. BARJA

PROJECT:
©COPYRIGHT 2008

THE RAUCH-SIEGEL RESIDENCE
LOT 85, THE SANCTUARY
GUEST HOUSE

DATE:
OCTOBER 28, 2008

REVISIONS:
REV:
REV:

SHEET
____
OF ____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 199-353-30
Lot #: 85
File #: 5569B
AppID: 3964

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Stephanie Rauch
Applicant: Kingswood Custom Homes,Inc
Address: 106 Oakley Av.,Suite 100, Pineville,NC 28134
Date Evaluated: 11/11/2008
Proposed Facility: Residence
Design Flow (.1949): 840 gpd
Property Size:
Location of Site: 13242 Claysparrow Rd
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,8	0-3	GR/CL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	N/A	NONE	PS,IV
		3-48	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
2	"	0-2	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		2-48	SBK/C	FI/S/P/SEXP					
3	"	0-11	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		11-48	SBK/C	FI/S/P/SEXP					
4	"	0-8	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		8-48	SBK/C	FI/S/P/SEXP					
5	"	0-3	GR/CL	FR/SS/SP/SEXP	"	"	"	"	"
		3-48	SBK/C	FI/S/P/SEXP					
					SITE LTAR				.3 GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IV a
Site LTAR	.3 GPD/FT2	.3 GPD/FT2

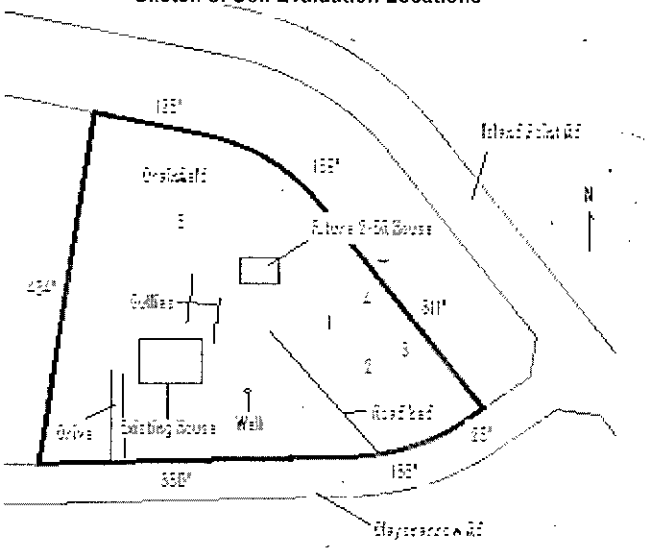
Other Factors (.1946):
Soil Evaluation By: C.Sherrill,RS,LSS
Others Present: Michael Fite
Site Classification (.1948): PS
Site Evaluation By: C.Sherrill,RS,LSS
Others Present: Michael Fite

COMMENTS: 100% Repair Required

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 55698 Tax Number: _____

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	840 Max gallons/day wastewater flow	2800 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	200 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
7 Bedrooms in residence	1500 Gallon pump tank	12 Depth of media (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **2 Bedroom Residence tied into existing system sized for 5 Bedrooms. System now sized for 7 Bedrooms**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

2800 Absorption Area (ft^2) 470 Total trench length (ft)	24 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

11/11/08
DENR Authorized Agent Date

11/13/08
Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Christy M Shirell 11/11/08

55698

1" = 60'

7BR - 840 GPD

LTAR - .3 GPD/FT²

EXISTING 1500 GAL ST/PT

INSTALL 2 LINES 3' x 100' @ 24" ON CONTOUR

TYPE III b INITIAL SYSTEM PUMP 25% REDUCTION

TYPE III a PPBPS REPAIR

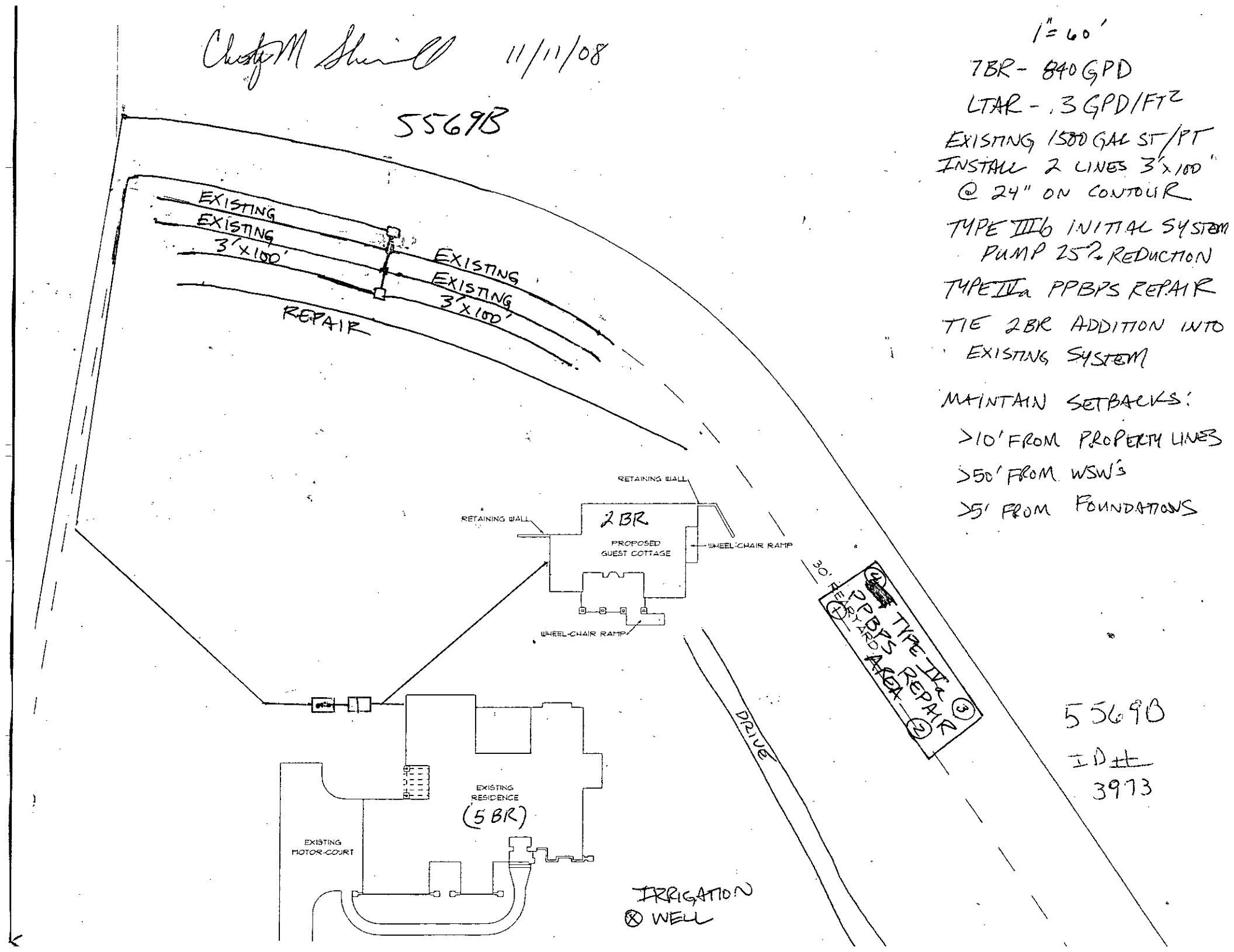
TIE 2BR ADDITION INTO EXISTING SYSTEM

MAINTAIN SETBACKS:

>10' FROM PROPERTY LINES

>50' FROM WSW's

>5' FROM FOUNDATIONS



55698

ID #

3973

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 55 693 Permit #: _____ Tax Parcel #: 199-353-30

Property Owner: Kingsgrove Custom Homes

Job Location Address: 13242 Clay Sparrow Ln

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 4/9/09

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/9/09, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 340 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) Chambers

Distribution Device: Pressure Manifold

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

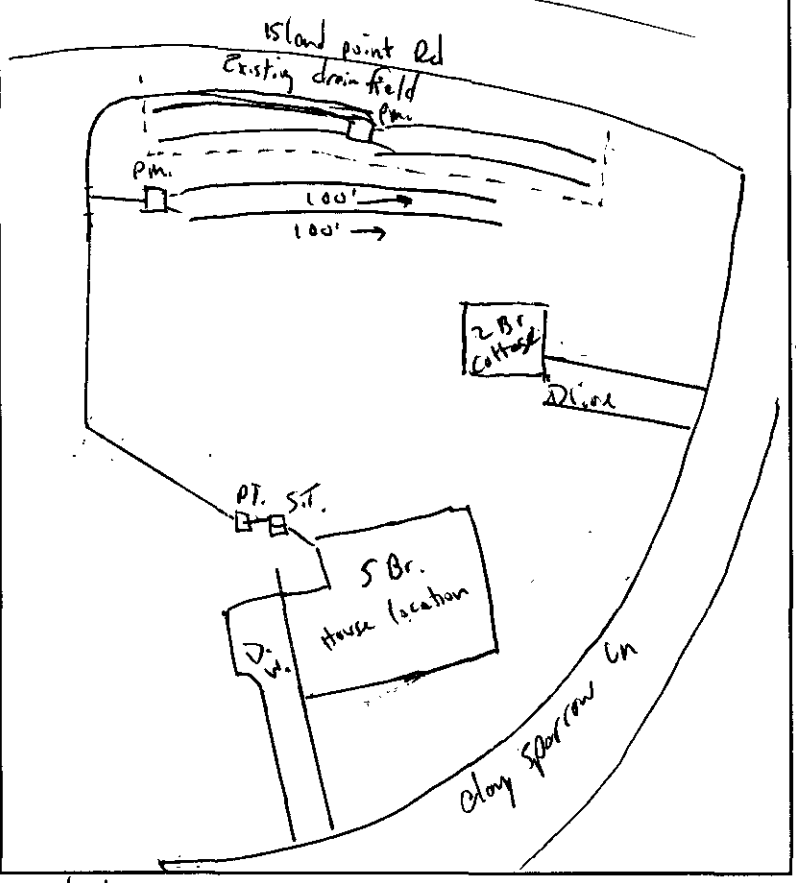
Minimum System Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: type III chambers I&A

DENR Authorized Agent: Jason Jackson Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5569B Permit #: _____ Tax Parcel #: 199-353-30

Property Owner: Kingswood Homes

Job Location Address: 13242 Clay Spor Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/15/09 Contractor Name: Jamie O'Daniel

Permitted Design Flow: 540 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9' feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100' feet

Depth of Media: 12 inches (Type) infiltrator Chambers

Depth of Cover: 26" inches

Distribution Device: Pressure Man. fold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: > 5 feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: > 50 feet

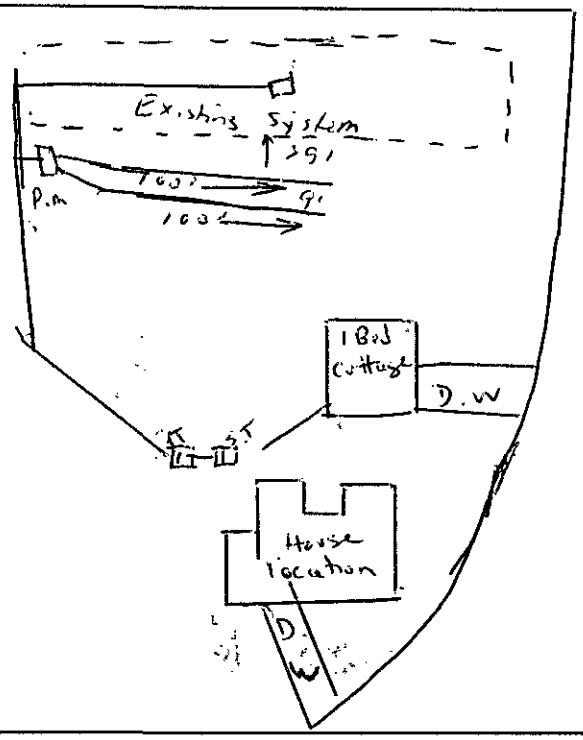
Inspection Dates

Tank(s) Inspected: _____

Excavation Inspected: 4/15/09

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any-way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Type III b system Chambers EZ4

DENR Authorized Agent: Jason Jackson Signature: Jason Jackson

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5569B Permit #: _____ Tax Parcel #: 19.9.353 70

Property Owner: Kingswood Custom Homes

Job Location Address: 13242 Clay Sparrow rd

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

Type III b system - chambers installed
2 lines @ 100' each for 2 bd. Cottage

DENR Authorized Agent: Jason Jackson Date: 4/15/19

Signature: Jason D Jackson

FEE: 190.00 CK # 14334
DATE: 11/6/08
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 5569B

TYPE APPLCATION: P# 287695 3964 C.S.

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: KINGSWOOD CUSTOM HOMES
ADDRESS: 106 OAKLEY AVE, SUITE 100,
CITY: PINEVILLE
STATE: NC ZIP: 28134
PHONE: 704-889-1600
ALTERNATE PHONE: 704-363-8763

PROPERTY OWNER:
NAME: STEPHANIE RAUCH
ADDRESS: 13242 CLAYSPARROW RD
CITY: CHARLOTTE.
STATE: NC ZIP: 28278
PHONE: 704.588-8866
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 199-353-30
STREET ADDRESS: 13242, CLAYSPARROW RD,
CITY: CHARLOTTE,
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: SANCTUARY
LOT #: 85 PHASE 1.

TOWNSHIP:
- [X] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:
- [X] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [X] OTHER 1-BEDROOM GUEST HOUSE

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kevin Keeler Pres. KCH Inc 11/6/08
Owner's/Agent's Signature Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

[ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

LXS Denied, must apply for Alteration

EHS Signature Date
gc for C.S 11/13/08

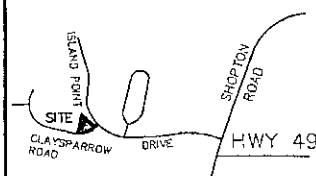
I ELIZABETH A. BRANDT, P.L.S., CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECTION FROM AN ACTUAL SURVEY MADE UNDER MY DIRECTION OR SUPERVISION OF THE PROPERTY SHOWN AND THE BOUNDARIES AND IMPROVEMENTS, IF ANY, ARE SHOWN HEREON. BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES FROM INFORMATION FOUND IN THE REFERENCED BOOK(S) AND PAGE(S). THIS PLAT MEETS THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, TITLE 21 CHAPTER 56 RULE 1600 AND THE ERROR OF CLOSURE DOES NOT EXCEED ONE FOOT PER 10,000 FEET OF THE PERIMETER NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 16th DAY OF MAY, A.D. 2006.

SIGNED Elizabeth A. Brandt

HARRIS ENGINEERING
1325 HARDING PLACE
CHARLOTTE, NC 28204
(704) 334-1325

NORTH CAROLINA PROFESSIONAL SEAL L-4147 LAND SURVEYOR ELIZABETH A. BRANDT

GRAPHIC SCALE
1 inch = 100 ft.
0 50 100



NTS

VMAP

LOT 19
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

ISLAND POINTE ROAD
(60' PUBLIC R/W)

LOT 18
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

LOT 17
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

EIR
N 77°52'58" W
191.73' (TIE ONLY)
EIR
N 77°54'47" W
245.89' (TIE ONLY)
EIR
S 77°53'59" E
124.58'
SIR

COMMON OPEN SPACE
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

LOT 86
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

CLEANOUT, TYP

CONC SIDEWALK FROM INFORMATION BY YARBOROUGH WILLIAMS

LOT 85
142,316 SF±
3.3 AC±
#13242

MAX. IMPERVIOUS SURFACE = 17,078 ±
MAX. PERCENTAGE IMPERVIOUS SURFACE = 12%
IMPERVIOUS AREA SHOWN:
8,055 SF±* (HOUSE/DRIVE)
2,511 SF±* (WALK BY OTHERS)
IMPERVIOUS AREA SHOWN = 6.2%*

C1
R=220.00'

186.4'

S 36°27'28" E
310.62'

30' REARYARD

15' SIDEYARD

N 08°03'39" E
433.74'

SEPTIC
UDS

PROPOSED BUILDING

82.7'

SEE BELOW

45'

CONC. DRIVE & WALK

PIPE UNDER DRIVEWAY

109.7'

BENT EIR

L1

5' CONC SIDEWALK

20' SETBACK

SDE

20' SDE

SIR

S 38°26'16" W
350.01'

C2

(50' PUBLIC R/W)

CLAYSPARROW ROAD

LOT 82
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

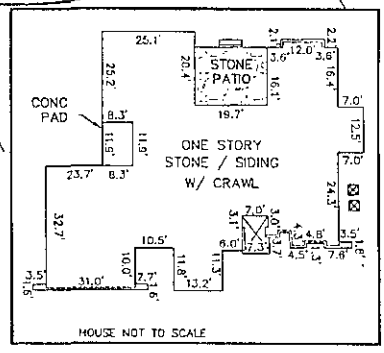
LOT 83
THE SANCTUARY
PHASE 1 MAP 1
MB 42 PG 299

LEGEND

EIR	EXISTING IRON ROD
S.I.R.	SET IRON ROD
R/W	RIGHT OF WAY
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
MBL	MINIMUM BUILDING LINE
CONC	CONCRETE
⊣⊢	NOT TO SCALE
SDE	STORM DRAINAGE EASEMENT
AM	AS MEASURED
MH	MANHOLE
S/W	SIDEWALK
	CABLE PEDESTAL
	TRANSFORMER
	TELEPHONE PEDESTAL
	FIRE HYDRANT
N.P.F.	NO PIN FOUND
	HVAC UNIT

LINE TABLE		
LINE	LENGTH	BEARING
L1	24.65	S 53°14'11" W

CURVE TABLE						
CURVE	RADIUS	LENGTH	TANGENT	BEARING	CHORD	DELTA
C1	220.00	159.13	83.22	S 57°10'43" E	155.68	41°26'31"
C2	225.00	138.24	71.38	S 70°50'13" W	136.07	35°12'05"



IMPERVIOUS/FINAL SURVEY OF:

13242 CLAYSPARROW ROAD
"THE SANCTUARY", PHASE 1, LOT 85
STEELE CREEK TOWNSHIP, MECKLENBURG CO., N.C.

THE PROPERTY OF:

KINGSWOOD CUSTOM HOMES

NOTE:

PROPERTY SUBJECT TO ANY AND ALL EASEMENTS AND RIGHT-OF-WAYS WHICH MAY BE RECORD.

THIS SURVEY IS OF AN EXISTING PARCEL OF LAND AND DOES NOT CREATE OR CHANGE EXISTING CENTERLINE OR RIGHT OF WAY.

AREA COMPUTED BY COORDINATE METHOD.

SCALE: 1"=100'
MAP 42 BOOK 289
DEED BOOK ____ PAGE ____

THIS PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA AS NOTED ON FEMA FIRM # 370158-0222 E REVISED FEBRUARY 4, 2004.

#630 New Owner

HD 150742

GWS – RES. APP 07/05

SEPTIC FEE: 320.00
DATE: 10/19/05
CRT [ ] X35951
JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT [ ]

FILE # 55609B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-353-30
STREET ADDRESS: 13242 Claysparrow Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: Sanctuary, lot 85
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3585
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES	☐ NO

PROPERTY OWNER:

NAME: Kingswood Custom Homes
ADDRESS: 8033 Corporate Center Dr. Ste. 400
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: 704 544 6546 WORK PHONE:
MOBILE PHONE: FAX: 704 544 6545

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Justin Tuttle
Kingswood Custom Homes 10/19

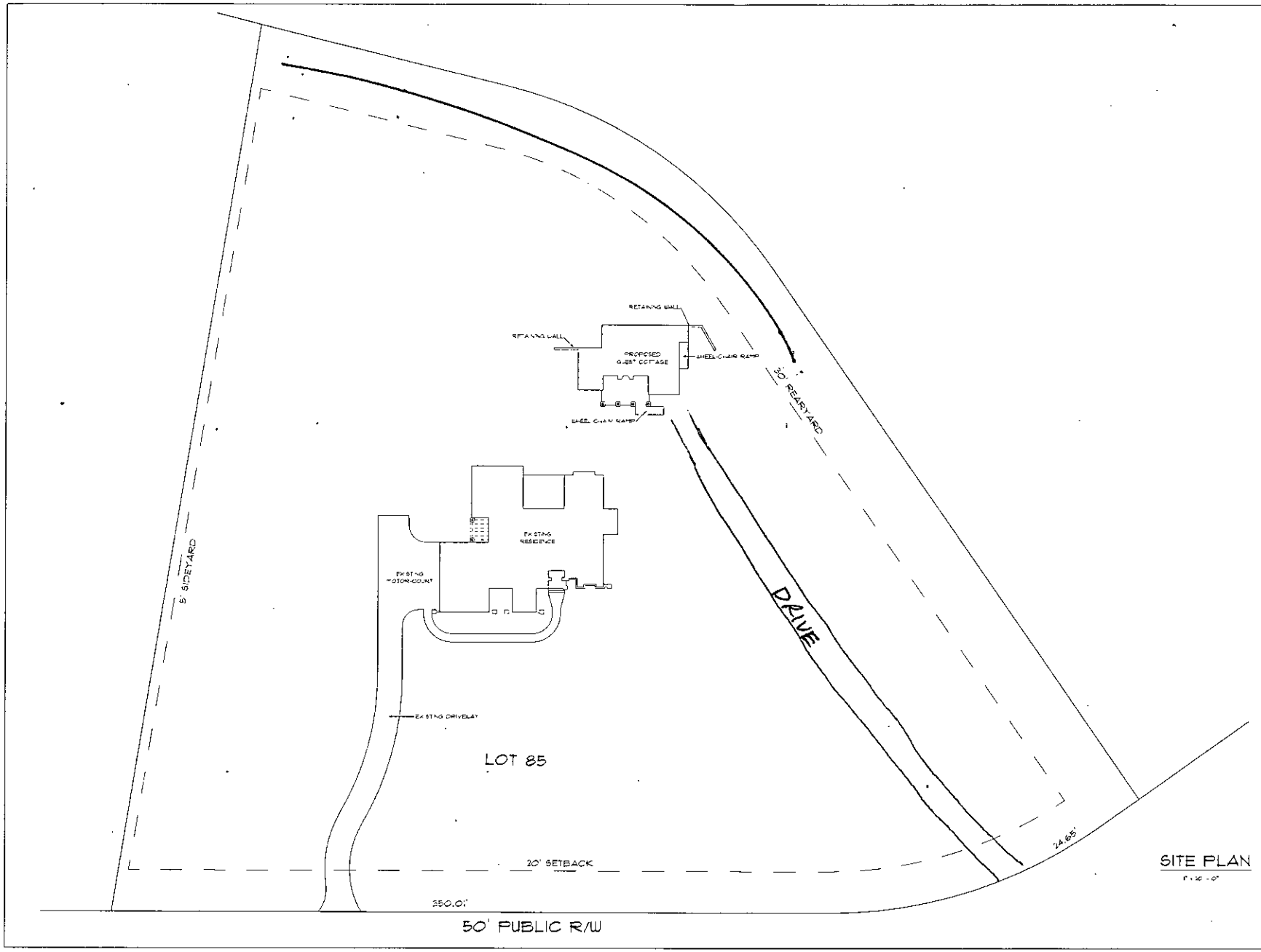
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894



SITE PLAN

DRAWN BY

ENGINEERED BY.

ELITE Design Group
8033 Corporate Center Dr.
Suite 400 Charlotte, NC 28226
tel: 704-544-2771
fax. 704-544-2773

DESIGNED BY
J.J. BARJA

PROJECT:
©COPYRIGHT 2008

THE RAUCH-SIEGEL RESIDENCE
LOT 85, THE SANCTUARY
GUEST HOUSE

DATE:
OCTOBER 28, 2008

REVISIONS:
REV.
REV:

SHEET
_____
OF _____

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

HD 150742

ACS

PERMIT NUMBER: 5569B
PARCEL NUMBER: 199-353-30

JOB LOCATION ADDRESS: 13242 Claysparrow Rd.
PROPERTY OWNER: Kingswood Custom Homes
BUILDING CONTRACTOR: Kingswood Custom Homes
SUBDIVISION NAME: The Sanctuary @ Lake Wylie
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 10/19/05

DCR 10/19/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5569B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Toney Jacobs and Associates
   Lot #85

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5569B Permit #: _____ Tax Parcel #: 199-353-30

Property Owner: Kingswood Custom Homes

Job Location Address: ~~8035~~ 13242 Claysparrow Rd

City: Charlotte ~~NC~~ State: NC Zip Code: 28262

Installation Approval Issuance Date: 4-4-06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5-4-06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 24-30" inches

Trench Width: 3 feet

Line Spacing: 9' feet (O.C.)

Total line length: 500 feet

# of Lines: 4 @ 125' feet

Depth of Media: N/A inches (Type) Chamber

Distribution Device: Pressure Manifold

M250 Pump

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Designed as permit conditions instructed by Tonya Jacobs.
Pump to 25% Reduction Chamber.
ZJP 4-4-06

Comments: System Classification & Type: III-GS

DENR Authorized Agent: Zach J. Peterson Signature: Zach J. Peterson

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5569B Permit #: _____ Tax Parcel #: 199-353 30

Property Owner: Kingswood Custom Homes

Job Location Address: 13242 Clay Sparrow Lane

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 4/6/06 . Contractor Name: Jane O'Daniel

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: ME 50

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 36 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 4 @ 125' feet

Depth of Media: N/A inches (Type) Chamber System 1203-H

Depth of Cover: 12" inches

Distribution Device: Pressure Manifold

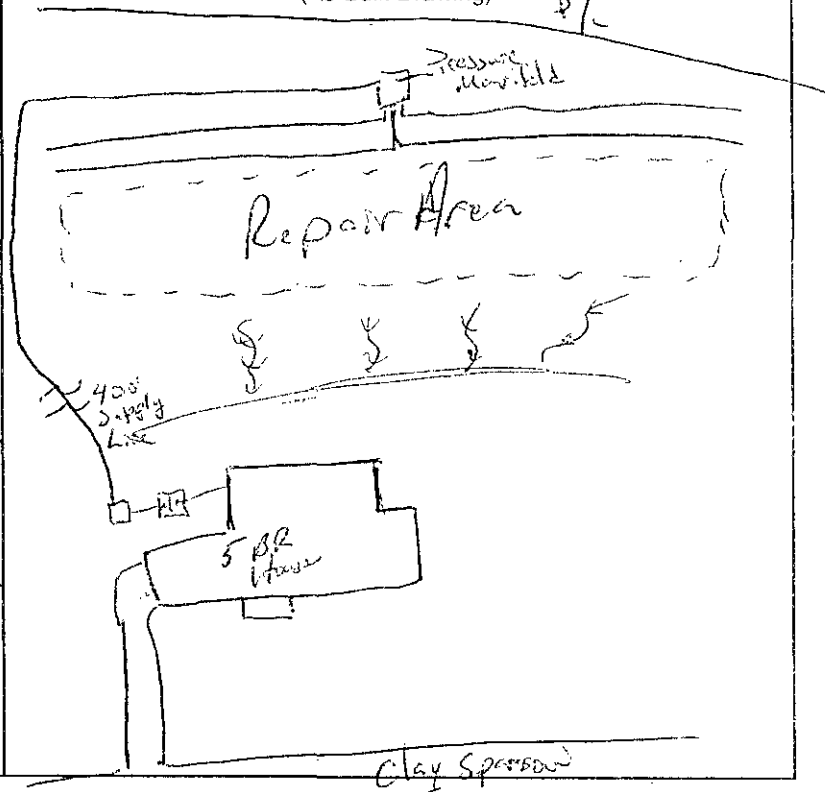
Inspection Dates

Tank(s) Inspected: 4-5-06

Excavation Inspected: 4-5-06

Pump & Controls Inspected: 4/6/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III.65

DENR Authorized Agent: Zack Peterson Signature: _____ 5-6-06

FEE: 200.00
DATE: 3-24-04

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I ICRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 55693

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-353-02

STREET ADDRESS: Poland Point Rd

SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary At Lake Wylie, LLC

LOT NUMBER: 85

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

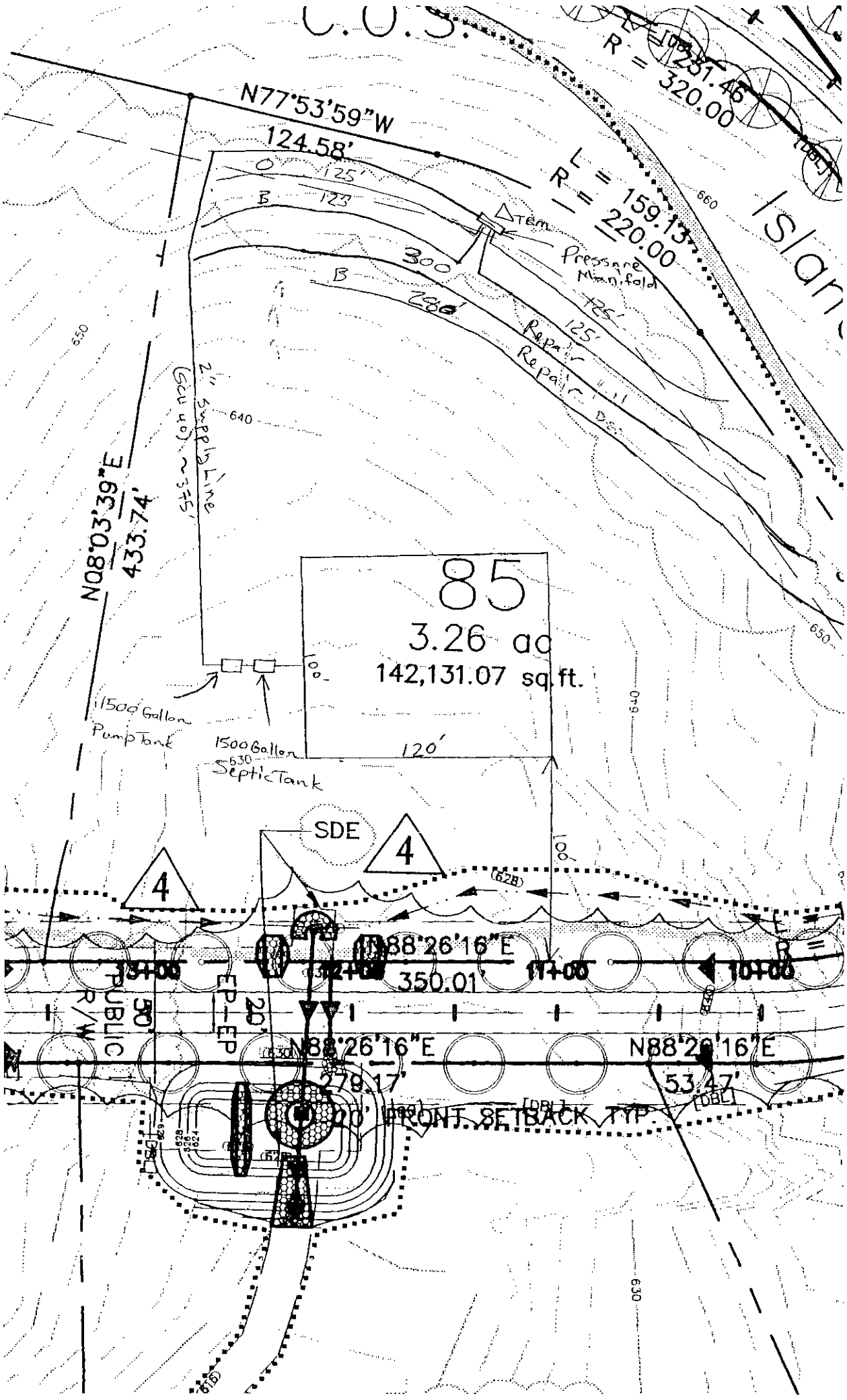
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) The Sanctuary At Lake Wylie, LLC (FIRST) (MI)	NAME: (LAST) Jacobs (FIRST) Tonay (MI) C
ADDRESS: 10933 Ballantyne Crossing Ave	DAYTIME PHONE: 704 663 - 6905
CITY: Charlotte STATE: NC ZIP: 28277	m 704 582 9219
DAYTIME PHONE: (704) 544 - 0201 ext 226	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tonay C Jacobs, CPSS (Agent) DATE: 3/24/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


N77°53'59"W
124.58'
R = 320.00
L = 159.13'
R = 220.00
Pressure Manifold
N08°03'39"E
433.74'
2" Supply Line (Scu 40 ~ 375')
85
3.26 ac
142,131.07 sq.ft.
1500 Gallon Pump Tank
1500 Gallon Septic Tank
120'
SDE
N88°26'16"E
350.01'
N88°26'16"E
278.17'
N88°26'16"E
53.47'
20' FRONT SETBACK TYP.
PUBLIC R/W
EP-EP
13+00
12+00
11+00
10+00

TONEY C. JACOBS & ASSOCIATES, INC.

Consulting Soil Scientists

Licensed by the North Carolina Board for Licensing of Soil Scientists

Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
Phone (704) 663-6905
Fax (704) 662-9845 E-mail jacobs@i-america.net

July 20, 2004

To: Mr. David Cornelius, R.S.
Mecklenburg County Env. Health Dept.

From : Toney C. Jacobs
Paul G. Penninger

RE: Request for an Improvement Permit for lot 85 at The Sanctuary:
MCHD file # 5569B

Crescent Resources is requesting an Improvement Permit for lot **85** at The Sanctuary Subdivision for a **5** bedroom, crawl space home. Mr. David Cornelius of the MCHD evaluated the soils on 5-27-04 and determined the septic area is PS at an 0.3 gpd/ft^2 LTAR. Toney C. Jacobs and Associates, Inc. has flagged a 25% reduction septic system and repair on the lot, as shown on the attached sketch.

We understand a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer of the lot will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on lot prior to obtaining the ATC from the MCHD.**

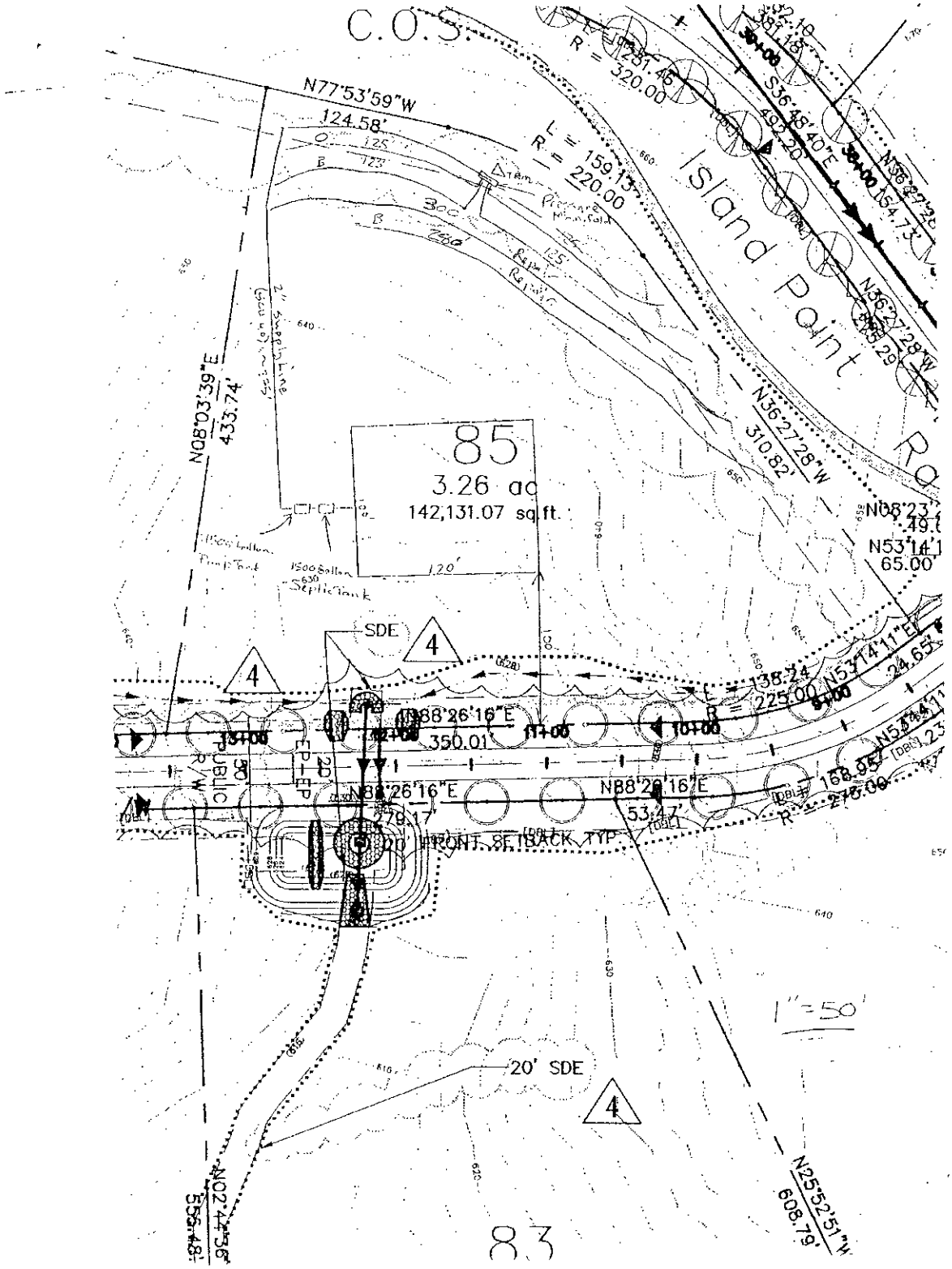
Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for the installation of the septic systems that are greater that the state requirements. It will be the responsibility of TCWW to enforce any requirements above state requirements or the conditions on the Improvement Permit or ATC.

Please review the attached system sketch and design specifications for the Improvement Permit. Please call if you have and questions, comments, or corrections.

Design Specifications for Lot 85 at

The Sanctuary, MCHD File # 5569B

System Type:	primary: repair:	pressure manifold , 25% reduction pressure manifold , 25% reduction
Daily design flow:		600 gpd
Septic tank size:		1500 gal. (2 compartments)
Pumping tank size:		1500 gal.
Effluent loading rate:		0.3 gpd/ft^2 for primary and repair
Number and length of laterals:		4@ 125 ft. 25% reduction
Flow rate through the system:		22 gpm –use ½ in. SCH 80 taps with 2 ft. head pressure on pressure manifold (5.5 gpm per tap)
Pump requirements:		to be calculated by installer or owners agent when specific house and pump tank location are available
Dosing volume:		approx. 270 gal. – 2.2 doses/day at design flow
Depth of water pumped per dose:		calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check valve:		YES
Siphon break hole:		No


C.O.S.
N77°53'59"W
124.58'
R = 320.00
L = 159.13'
R = 220.00
Island Point Rd
N08°03'39"E
433.74'
85
3.26 ac
142,131.07 sq.ft.
120'
1500 Gallon Septic Tank
SDE
4
N88°26'16"E
350.01'
N88°26'16"E
278.17'
N88°26'16"E
53.17'
20' FRONT SETBACK TYP.
R = 225.00
138.24'
N53°14'11"E
65.00'
N36°27'28"W
310.82'
S36°48'40"E
49.20'
N36°27'28"W
154.73'
N25°52'51"W
608.79'
N02°47'58"E
555.48'
20' SDE
1"=100'
1"=50'
83

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 199-353-~~00~~30 ACS
Lot #: 85
File #: 5569B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: THE SANCTUARY @ LAKE WYLIE
Address: 10933 BALLANTYNE CROSSING AVE
Proposed Facility: RESIDENCE Design Flow (.1949): 6000 GPD
Location of Site: CLAYSPARROW RD.

Applicant: TONEY JACOBS
Date Evaluated: 5/27/04
Property Size:
Property Recorded:

Water Supply:	[X] Public	[ ] Individual	[ ] Well	[ ] Spring	[ ] Other
Evaluation Method:	[X] Auger Boring		[ ] Pit	[ ] Cut	
Type of Wastewater:	[X] Sewage		[ ] Industrial Process	[ ] Mixed	

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr. Horiz	Profile Class & LTAR
1	LS,S	0-2	GR/CL	FR/SEXP/SS/SP	7/48" TO SOIL WETNESS	48"	N/A	NONE	PS, N .36GPD/FT²
		3-48	SBK/C	FI/SEXP/S/P					
2		0-2	GR/CL	FR/SEXP/SS/SP	7/48" TO SOIL WETNESS	48"	N/A	NONE	.36GPD/FT²
		3-48	SBK/C	FI/SEXP/S/P					
3		0-4	GR/CL	FR/SEXP/SS/SP	7/48" TO SOIL WETNESS	48"	N/A	NONE	.36GPD/FT²
		5-48	SBK/C	FI/SEXP/S/P					
4		0-2	GR/CL	FR/SEXP/SS/SP	7/48" TO SOIL WETNESS	48"	N/A	NONE	.36GPD/FT²
		3-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.36GPD/FT²	.36GPD/FT²

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: DAVID CORNELIUS, RS. 5/27/04
Others Present:

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5569B

Tax Number: 199-353-02 30

- The IMPROVEMNET PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	500 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1500 Gallon pump tank	na Depth of stone (in)	

Any surface water present: no Type: Minimum separation distance (ft):

Additional conditions: **Install according plans on file submitted by Toney Jacobs and associates. Install pressure manifold**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

1500 Absorption Area (ft^2) 500 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

DENR Authorized Agent — Date 8/2/04

Owner/Agent Signature — Date 10/19/05

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH, AND
NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

November 5, 2008

KINGSWOOD
THE NAME ON THE FINEST HOMES

Mecklenburg County Environmental Health Department
700 North Tryon Street
Charlotte, NC 28202

RE: Lot 85 at The Sanctuary

To Whom It May Concern:

Please find attached the existing soil tests for lot 85 at The Sanctuary that allows for a five bedroom residence.

Kingswood Custom Homes, Inc confirms that the existing residence completed in October of 2006 is a four bedroom home.

If you have any further questions, please contact myself.

Sincerely,

Peter Leeke, President
Kingswood Custom Homes, Inc

EQUAL HOUSING OPPORTUNITY

Kingswood Custom Homes, Inc.
106 Oakley Avenue
Suite 100
Pineville, NC 28134
Tel 704•544•6546
Fax 704•544•6545
www.kingswoodhomes.com
email: info@kingswoodhomes.com



13242 CLAYSPARROW RD

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

2009 ALTERATION 87L

1035C 4/16/07

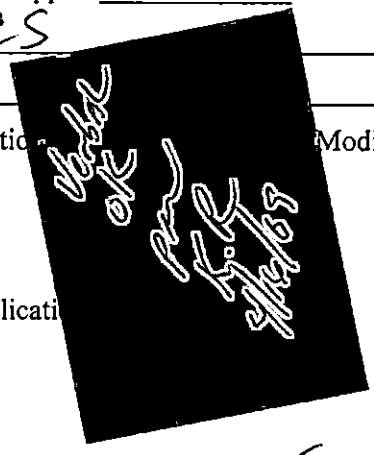
Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5569B WASPS App #: 3973

Primary ES assigned to project: CS

Secondary ES assigned to project:

Project Type: New System ☒ Alteration ☐ Repair ☐ Modified Plot Plan ☐



I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete		No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with applicati		No ☐	N/A ☐
.1937(d)	Is the Facility shown?		No ☐	N/A ☐
.1937(d)	Are appurtenances shown		No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
.& .1945(b)	Number of auger borings made: 5			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

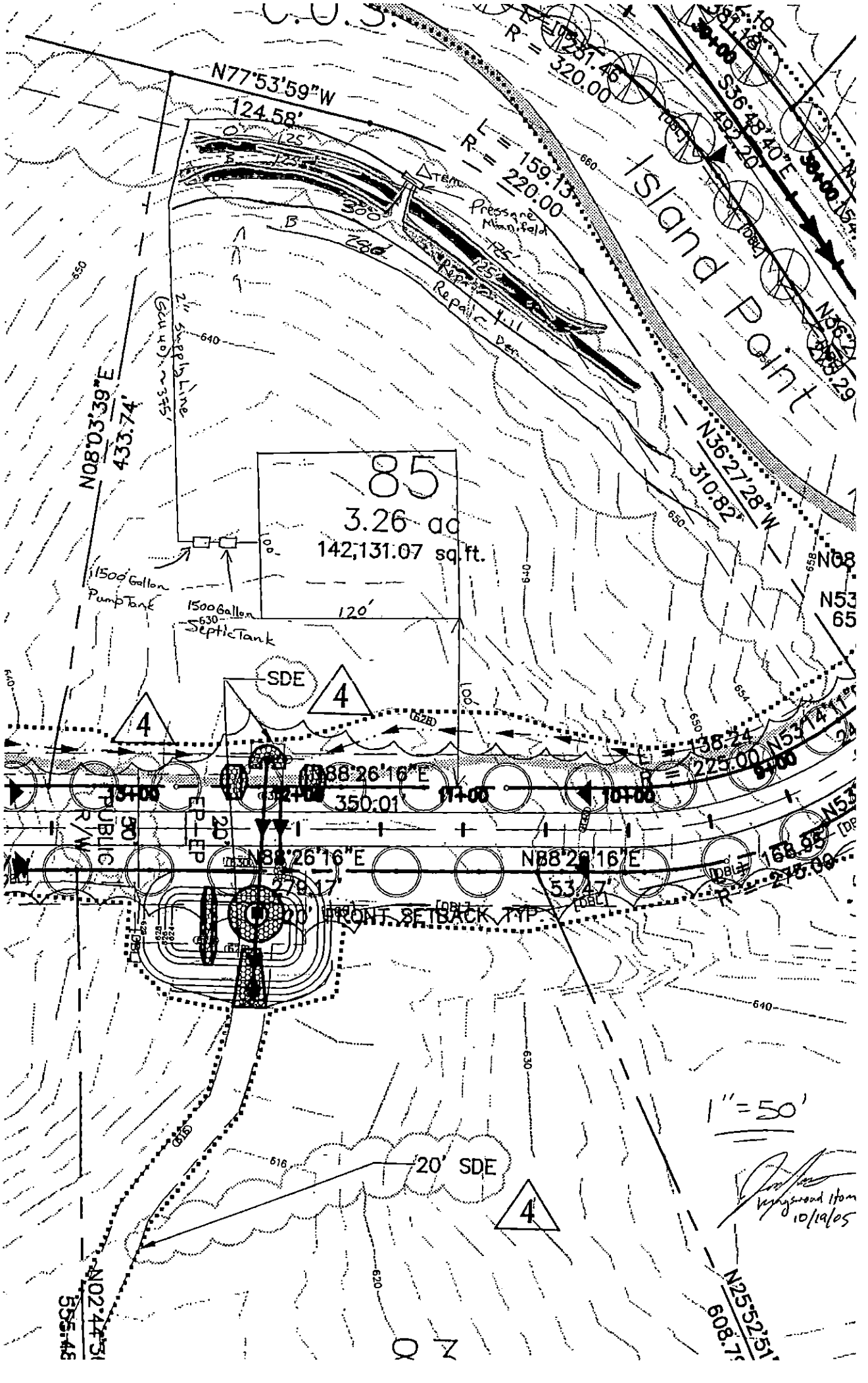
Items requiring correction/modification: _____

Comments: IP - 5569B

IA issued date: 4-9-09

OP issued date: 4-15-09

Review performed by: JR Date performed: 11/20/08


N77°53'59"W
124.58'
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L = 159.13'
R = 220.00
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492.20'
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10/19/05